

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
10/088481

FILING DATE

CLAIMS

AS FILED	AFTER		AFTER		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT						
1					51					
2	/				52					
3	/				53					
4	/				54					
5	/				55					
6	/				56					
7	/				57					
8	/				58					
9	/				59					
10		1		1	60					
11		1		1	61					
12		1		1	62					
13		13		1	63					
14		33		1	64					
15		1		1	65					
16		1		1	66					
17		1		1	67					
18		1		1	68					
19		1		1	69					
20		1		1	70					
21				1	71					
22				1	72					
23				1	73					
24				1	74					
25				1	75					
26				1	76					
27				1	77					
28				1	78					
29				1	79					
30				1	80					
31				1	81					
32				1	82					
33				1	83					
34				1	84					
35				1	85					
36				1	86					
37				1	87					
38				1	88					
39				1	89					
40				1	90					
41				1	91					
42				1	92					
43				1	93					
44				1	94					
45				1	95					
46				1	96					
47				1	97					
48				1	98					
49				1	99					
50				1	100					
TOTAL IND.	9		9		TOTAL IND.					
TOTAL DEP.	11		15		TOTAL DEP.					
TOTAL CLAIMS	14		14		ACQ/AL					